

2392

PLACE OF DEATH

1. County Maricopa  
District \_\_\_\_\_  
Town or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 214  
County Registrar's - No. 7280  
Local Registrar's - No. 937

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Robia Blanch Green

(a) Residence. No. 4 Mi. E. on Indian School Rd.  
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. (If nonresident, give city or town and State)  
How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married  
(Write the word)

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of P.Y. Green

6. DATE OF BIRTH (month, day and year) Nov. 5, 1864

7. AGE Years 59 Months \_\_\_\_\_ Days \_\_\_\_\_  
IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (city or town) Texas  
(State or country)

10. NAME OF FATHER Henry Noble

11. BIRTHPLACE OF FATHER Ala.  
(State or country) (city or town)

12. MAIDEN NAME OF MOTHER Mary Dixie

13. BIRTHPLACE OF MOTHER Tenn.  
(State or country) (city or town)

14. Informant (Address)

15. Filed 11-3 1923 Phoenix Local Registrar.

Filed \_\_\_\_\_ 1924 Phoenix County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 10-31-1923

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH was as follows:

Cholecystitis obstruction of bile ducts

(duration) yrs. mos. ds.  
CONTRIBUTORY (Secondary) Malaria gallstones

(duration) yrs. mos. ds.  
Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harry J. [Signature] M. D.

19\_\_\_\_ (Address) Phoenix, Arizona

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Lawn

20. UNDERTAKER A.L. Moore & Sons

DATE OF BURIAL Nov. 3, 23  
ADDRESS

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. - Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to all deaths.

"PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For ACCIDENTAL, SUICIDAL, or HOMICIDAL MEANS OF INJURY and death.